| Inmate Grievance Form  Inmate Grievance Form  In a Cobert TayLor  Re Number  Police Photo Number  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Description of Grievance, Incident or Problem (include date and time of incident)  Police Photo Number  Polic |  |  |   | CFCF E                  |
|--|--|--|---|-------------------------|
| The Robert TAYLOR  Thousing Unit  The Robert TAYLOR  Thousing Unit  Thousing Unit | Philad   | elphia Prison System   |   | HOC D                   |
| Housing Unit Police Photo Number  Description of Grievance, Incident or Problem (include date and time of incident)  WE TO MY Religious PRACTICE And DoctRine. Am currently be serving and Implementing my religious dietarly of not eating and drinking during daylight hours. Since beginging my Religious Practice of this food dietarly I have not been Receiving meals on time at sundown and Have been served Receiving meals on time at sundown and Have been served Also have not received healthy, no tetitious, sufficient meals Foods in Accordance with Practice and belief of Religious Foods in Accordance with Practice and belief of Religious John to Sufficient meals  Action Requested by Inmate.  Serve note: tious sufficient meals According to Religious  Action Requested by Inmate.  Serve note: tious sufficient meals According to Religious  beliefs Plior to daylight ending so I may be able to eat  As soon as Repuised  Describe how and when you tried to resolve this Grievance informally.  Mentioned to Facility officials at start of Religious practice  Date that you are depositing this Grievance in a grievance box:  6-10-2016  | Inm  | ate Grievance Form   |   |                         |
| Description of Grievance, Incident or Problem (include date and time of incident)  WE TO MY Religious PRACTICE AND DOCTRINE. AM CURRENTLY  BSERVING AND IMPlementing MY Religious dietarly of Not eating  Addinking during daylight hours. Since beginning my  Religious Practice of this food dietarly I have Notbeen  Receiving meals on time at sundown and Have been served  Receiving meals on time at sundown and Have been served  Receiving meals on time at sundown and Have been served  Receiving meals on time at sundown and Have been served  Receiving meals on time at sundown and Have been served  Receiving meals on time at sundown and Have been served  Receiving meals of the Advisory of the food) is due to be Eating  Meles I To 2 Hours a Ftel meal (Food) is due to be Eating  Malso have not received healthy, nutritious, sufficient meals  Food) in Accordance with fractice and belief of Religious  Food) in Accordance with fractice and belief of Religious  dietary. This began And has been happening starting from  Dates on/Around 6-6-2016 to 6-10-2016 currently  Action Requested by Inmate:  Serve Nutre tious sufficient meals according to Religious  beliefs Plior to daylight ending so I may be able to eat  As soon As Repulsed  The serve of the daylight ending so I may be able to eat  Bestribe how and when you tried to resolve this Grievance informally.  Describe how and when you tried to resolve this Grievance informally.  Mentioned to Facility officials at start of Religious practice  Date that you are depositing this Crievance in a grievance box:  6-10-2016   | me Bobert TAYLOR   | Housing Unit   | 2-1<br>per 946529   |                         |
| Action Requested by Inmate:  Serve works to be sold of the sold of | Description  | of Grievance, Incident or Problen<br>de date and time of incident)   | n   |                         |
| Describe how and when you tried to resolve this Grievance informally.  Mentioned to Facility officials At START of Religious PRACTICE  Date that you are depositing this Grievance in a grievance box:  6-10-2018  | phserving and Implemention of drinking during days religious Practice of the receiving meals on time meals I To 2 Hours AF Also have not received (Food) in Accordance w | Light hours. Since his food dietary I he At sundown an her meal (Food) healthy, Nutrition ith Practice and | beginning my  have notbeen  d Have beens  s due to be En  s, sufficient m  belief of Religion | erved<br>Ating.<br>eals |
| Describe how and when you tried to resolve this Grievance informally.  Mentioned to Facility officials At START of Religious PRACTICE  Date that you are depositing this Grievance in a grievance box:  6-10-2018  |  | Action Requested by Inmate:  | Kan Lagali  | · inus                  |
| AS SOON AS REBUILED  Dee: Continuation of Grievance - Page 2 Yes  No  Describe how and when you tried to resolve this Grievance informally.  Describe how and when you tried to resolve this Grievance informally.  MENTIONED TO FACILITY OFFICIALS AT START OF Religious PRACTICE  Date that you are depositing this Grievance in a grievance box:  6-10-2018   | Serve Nutritions sui   | Fricient meals AC  | MAY beable TO E   | 2A+                     |
| Describe how and when you tried to resolve this Grievance informally.  MENTIONED TO FACILITY OFFICIALS AT START OF Religious PRACTICE  Date that you are depositing this Grievance in a grievance box:  6-10-2018  | AS SOON AS REBUIRED  |  |   |                         |
| 6-10-2016  | See: Continuation of Grievance - Page 2  Describe how and who  Mentioned to FACILIT  | Yes \( \text{No } \( \text{V} \)  In you tried to resolve this Grify OFFICIALS At STAR                     | ievance informally.<br>HOT Religious pro  | actice                  |
|  | Date that you are depositing this Grieva   | nce in a grievance box:  |   |                         |
|  | RorkSaylon   |  | 6-10  | -2016                   |

|                                       | Philadelphia   | Prison System   | DC<br>HOC |
|---------------------------------------|--|---|-----------|
|                                       | Inmate Gri   | evance Form   | PICC      |
| Check box only if grievance is regard | ling Medical Serv  | rices   |           |
| Name ROBERT TAYLO                     | 2  | Housing Unit <u>B2-1</u> Police Photo Number <u>946529</u>      |           |
|                                       |  | nce, Incident or Problem<br>d time of incident)                 |           |
| 12-20-16                              | 0 //   |   |           |
| current continues                     |  |   |           |
| 795                                   |  | igious Services and PRAYER                                      | 5.        |
| The institution Provid                | es designa   | ted Proper area's For these                                     |           |
| Religious duties eve                  | RYDAYan  | jumber of times a day FORA                                      | 7//       |
| those of Religious 5                  | HATUS. Holdi   | ng cells are in Appropriate an                                  | d         |
| in Adequate For these A               | puties, PRAL   | MERS asthereis over crowded                                     | 0         |
|                                       |  | and it is Against my Religio                                    |           |
|                                       |  | Il as other issues-Barring.                                     |           |
| * * * * * * * * * * * * * * * * * * * | The state of the s | discouragement from Religiou                                    | 15        |
|                                       |  | Sing Block ARE CLEARLY AgA                                      |           |
| institutional Poli                    |  |   |           |
| / >===                                |  |   |           |
|                                       |  |   |           |
|                                       |  |   |           |
|                                       | ***************************************  |   |           |
|                                       |  | 7. 7  |           |
| Pennal Apparto Poptal mil             |  | ted by Inmate:<br>Lies, PRAYERS EACH day the                    | ,         |
|                                       |  | Red and NOW - interference                                      |           |
| on housing Block whe                  | -  |   |           |
| See: Continuation of Grievance - Pag  |  | No □  |           |
|                                       | 1 11   | o resolve this Grievance informally.  o addRESS these issues in | 7         |
| June of 2016,                         |  | 3   |           |
| Date that you are depositing this Gri | evance in a griev  | vance box:  |           |
| Rodan & Leden                         |  | December 21   | 2016      |
| (Signature of Grievant)               |  | (Date)  | 210       |

Attachment 3.F. 10.a PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM V CFCF PICC RCF ASD DC HOC HOUSING UNIT: B2-1 NAME: ROBERT TAYLOR INTAKE NUMBER: 1522426 PID: 946529 Check box only if grievance is regarding Medical Services Description of Grievance, Incident or Problem (Include date and time of incident) MARCH 3, 2017 2:24 Pm Institutional Deprivation of Religious exercise Religious Friday service which is to be held weekly. Did Not TAKE Place. This Relief And expecise of my religious FAith HAVE BEEN DENIED ME, EVEN FOR PERIODS OF UP to (TWO) 2 months without taking place. There is also no daily previsiens made OR Allowed FOR MY everyday PRAYERS OR ASSEMBLY. THERE IS No provided of Access To A minister of my Religion. Other Religions in institution have this And are provided religious DRAYERS And SERVICE AREA which they Attend Leaving off the Housing AREA FOR up to (3) there times Aday. There has And is constant continual institutional discrimination And harassment, infringement of my religion. Action Requested by Inmate: DAILY ACCESS TO AREA FOR PRAYERS AND SECURCE, Ruligious MINISTER FORMY Religion in The Institution, And the Religious mondatory service to take pincely extly See: Continuation of Grievance - Page 2 YES No Describe how and when you tried to resolve this Grievance informally. mentioned this to officials pains to this GRIEVANCE Date that you are depositing this Grievance in a grievance box: MARCH 3, 2017 Signature of Grievant: Rout Junter Date: MARCH 3 2017

### EXHIBIT (D)

|   | CFCF   |
|---|--|
| Philadelphia Prison System  | HOC  |
| Inmate Grievance Form   | PICC   |
| eck box only if grievance is regarding Medical Services   |  |
| (Armband Name)  me Robert TAYLOR  Police Photo Number 946529  |  |
| Description of Grievance, Incident or Problem (include date and time of incident)   |  |
| This matter is legarding medical. Have regulated weed Vegetarian meals and Health shakes Also and Five taming we misseled to Have an Immune there | ested<br>id  |
| andition which requires this Proper die IARV  | - A  |
| T Have been Losing weight, passing out And continue   | -5/ /  |
| getting sick  |  |
| 3/11/13   | SAME STORY   |
|   |  |
|   |  |
|   | 707  |
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|   |  |
|   |  |
|   |  |
|   |  |
|   | The state of the s |
|   |  |
| Action Requested by Inmate:   | Western Court Court (V   |
| issueing veggie meals shake, mutivitamins mireaels - and i  | Diet Teas  |
|   |  |
| See: Continuation of Grievance - Page 2 Yes  No  No   |  |
| See: Continuation of Grevarice and when you tried to resolve this Grievance informally.   |  |
| sent Reguest folia in to medical Explained Also wenti   | 4  |
| 1 = 1 = 111 this through out month of DEC. 20   | 15   |
| WAS SEP of And Explained All this mass box:   |  |
| Date that you are depositing this Grievance in a grievance box:   |  |
|   |  |
| 1/1/  | 16   |

86-146

| Check one: Dental  | Medical  | Mental Health             |
|--|--|---------------------------|
| Vame: ROBERT TAYLOR  | Inmate I.D. No   | Inmate I.D. Number 946529 |
|  | Social Security No.  | Al Security No.           |
| Medical Problem (be specific): To The Doctor, I cannot EAT The  Regularly served Front which makes one sich who any son ment | octor. I cannot E  | At The                    |
| HAVE BROUGHT this Notice Since Entrance in FACILITY. To date thave Los;  | Entrancin Facility. To a   | Afe I have lost           |
| 40 pounds and Am struggling with my health, need and request  SpeciAL DietARY trays of vegetArian meals, which you approve   | egetARian meals, which   | equest                    |
| these circumstances, respect Fully requested   | My requested   | b Time: 10:26             |
| FOR MEDICAL UNIT USE ONLY  |  |                           |
| Disposition:   | The second secon |                           |
|  |  |                           |
| Provider's Signature:  | Date:  | Time:                     |

|  | Tillio. |   | 86-146  |
|--|---------|---|---|
|  | Time:   | Date:   | rovider's Signature:  |
|  |         |   |   |
| The second secon |         |   |   |
|  |         |   | Disposition:  |
|  | - 1     |   | OR MEDICAL UNIT USE ONLY  |
| 5:36 pm  | Time:   | Date: 2-19-/7   | nmate's Signature Robert Saftin   |
|  |         | Social Security No.  Social Security No.  Housing Unit: 32-1  Ving my special Pietary  Scribed under Weget Asian No m.  Scribed under Weget Asian No m.  Shat cheese (veg) Be Issued  Y EAT AS REQUIRED, Without M. | Name: ROBERT TAYLOR Inmate I.D. Number 946529  Social Security No.  Housing Unit: B2-1  Medical Problem (be specific): I Have Been Receiving my special Pietary  SANDWITCH PACK With MEAT. I Am Resceived under Weget Asian No mea  AS LA heled. Respectfully Request that cheese (veg) Be Issued in  my sandwitch pack so that I may eat as required without mea |
| Mental Health  |         | Medical   | Check one: Dental   |
|  |         |   |   |

| di |   | ĮΣ. |   |
|----|---|-----|---|
|    |   | D.  | H |
| 0  | 6 |     |   |
| 6  | 6 |     |   |

| Check one: Dental  | Medical  | Mental Health  |
|--|--|--|
| Name: ROBERT TAYLOR  | Inmate I.D. Numi   | Inmate I.D. Number 946529                                |
|  | Social Security No.  | Vio.   |
|  | Housing U  | Housing Unit: B2-1                                       |
|  | sed Health shakes i  | De MY  |
| Medical Problem (be specific): ユールAS - りたらくえょしん  | mikes of soll which T  | HAVE NOVED   |
| Medical Problem (be specific): I WAS person be   | with the target of the same is   |  |
| Medical Problem (be specific): I WAS DECKLED hoven Special Diet con dition back in Noven   | tending whom I seen h  | TO STATE OF  |
| Medical Problem (be specific): I WAS pressed by SpeciALDiet condition Back in Noven Reserved, confirm this with was a Att  | tending whom I seew h  | ESTAKES IN   |
| Medical Problem (be specific): I was prescribed Health shakes From y  Special Diet condition Back in November of 2016 which I Have Never  Received Confirm this with must be Attending whom I seem For Never on  Feb 13 of 14, 2011, I was told I would be getting refill acted of alexatilly proved  Suffering pailly and my physical condition is determinating. Respectfully proved  hat I receive my Health Shakes daily that are prescribed from  | tending whom I seen to<br>Begetting scrill asches a<br>a is deteriorating. Re  | pestally project   |
| Medical Problem (be specific): I WAS DEESCE'S be Specific): I WAS DEESCE'S be Specific): I WAS DEESCE'S NOVEN RECEIVED CONFIRM this with was se Att Feb 13 of 14 mould I would | Hending Whom I seen he Be getting ectill achee of that Are presenting Rethract Formation of that Are presenting to the page of | Time: 2:35 for   |
| Medical Problem (be specific): I WAS DEESCE'S be Specific): I WAS DEESCE'S be Specific): I WAS DEESCE'S be Specific): I WAS BACK IN NOVEN FEB 13 06 14 JOHN I WAS HOLD I WOULD IN THE STATE CONDITION OF MEDICAL UNIT USE ONLY   | tending whom I seen to<br>Be getting seefll asles a<br>a is deteriorating. Re<br>that Ame passeible for<br>Date: 2-72-17   | PESHAKES I AM  PESHOUT PROJECT  RMC -  Time: 2535 fra    |
| Medical Problem (be specific): I WAS DRESCRIBE  Special Diet con dition BACK in Noven  Secrived Confirm this with was sc Att  Feb 13 28 14, 2011, I WAS told I would get the property of the p | Heading Whom I seen he Be getting Refill ander a fair determinating. Refill and the fair for secretariation for Date: 2-22-17  | PERMENT AM  PERMEN  Time: 2535 Fran                      |
| Medical Problem (be specific): I WAS DRESCE'S be Specific): I WAS DRESCE'S be Specific): I WAS DRESCE'S be Specific Confirmed it than BACK in November 13 of 14 2019. I WAS told I would suffer and 14 and any physical condition in mate's Signature Reserve my Health Shakes daily and medical unit use only  Disposition:   | Hending Whom I seen he Be getting ectill ashes a factor of that Are passeinted for Date: 2-2-17  | ESPAKES I AM  PERENTAM  PERENTAM  RATE :  Time: 2535 Pug |
| Medical Problem (be specific): I was prescribed Health shakes From My  Special Diet condition back in November of 2016 which I Have Never  Reserved confirm this with was sentleding whom I seen Fro checky on  Feb 13 of 14,2019, I was told I would be getting refill order of shakes I am  Suffering only and my physical condition is determinating. Repeatedly pregness  that I receive my Health shakes day that are reservable forms.  Disposition:  Disposition:  Date: 2-72-17  Time: 2-35 for  | Regetting REFILL GALER OF A SE GETTING FRESCRIPTED FRESCRIPTED FRESCRIPTED FRESCRIPTED FOR DATE: 2-22-17   | PERMENTAN<br>PERMEN<br>RIME: 2535 Page                   |

Attachment 3.F.10.a

| PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM                       |
|--|
| TASD V CFCF DC HOC PICC RCF  |
| NAME: ROBERT TAYLOR HOUSING UNIT: RO-1   |
| PID: 946529 INTAKE NUMBER: 1522426   |
| Check box only if grievance is regarding Medical Services                      |
| Description of Grievance, Incident or Problem                                  |
| (Include date and time of incident)  |
|  |
| TO ARAMARK - MARCH 11,2017 6:37 Pm   |
| DIETARY DEPRIVATION  |
| This Food Dietary service has Been Deliberately                                |
| Indifferent" To my weeds, my special Dietary Health                            |
| Shakes which were ISSUED To me November 2016 HAVE                              |
| NEVER BEEN PROVIDED OR DISTRIBUTED TO ME BY ARAMARK DIETARY                    |
| SERVICE. This has and is currently causing undue suffering.                    |
| AS MY Physical medical condition of Clow Blood Sugar, Chronic                  |
| Thyroid, AveniA Periodic Low Blood pressure, And severe weight                 |
| Loss, which has A + A point Reached 45 points Below weight.                    |
|  |
| Beguines me to receive Nutrient health shakes.                                 |
|  |
|  |
|  |
|  |
|  |
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|  |
|  |
|  |
|  |
| Aution Convented by Imparia  |
| Action Requested by Inmate:  |
| TO RECEIVE DIETARY HEAlth Shakes As soon as possible.                          |
| See: Continuation of Grievance – Page 2 YES No                                 |
| Describe how and when you tried to resolve this Grievance informally.          |
| Beought this matter to officials and Address this medical during checkups,     |
|  |
| evaluations, Last visit in February 2017.                                      |
| Date that you are depositing this Grievance in a grievance box: MARCH 12, 2017 |
| Signature of Grievant: Robert Jaylon Date: MARCH 11, 2017                      |



| Time:           | Date:                      | Provider's Signature:  |
|-----------------|----------------------------|--|
|                 |                            |  |
|                 |                            | Disposition:   |
|                 |                            | FOR MEDICAL UNIT USE ONLY  |
| Time: 8:20 pm   | Date: 4-17-17              | Immate's Signature Robert Juylon   |
| becoment to 800 | bleplease,                 | TREAtment And REFILL AS SCONAS, POSSIBLE PLEASE.   |
| 4s-Line         | t on Beck From me          | BY PREVIOUS SICK CALL TO get RETILL ON Bock From meds-Line BUT Times Refused and told must on tone line in second tellings which |
| g. WAS intermed | XTREMELY STRUBGLIA         | And have Been short of BARATHE. EXTREMELY STRUBGLING. WAS INTERMED   |
| S. Am TiREd     | UE INHAIRE FOR DAY         | HAVEBEEN empty of AIRUTER OL RESILVE INHALER FOR DAYS. AM TIRED  |
| Ĺ               | MACIFORMET SITHY           | Medical Problem (be specific): New Asthma Inhale Immediately   |
|                 | Social Security No.        |  |
| er 946529       | Inmate I.D. Number 9465 29 | Name: ROBERT TAYLOR  |
| Mental Health   | y Medical                  | Delital  |
| NA CONTRACTOR   | Madina                     | Check one: Dental  |
|                 |                            |  |

Attachment 3.F.10.a PHILADELPHIA DEPARTMENT OF PRISONS INMATE GRIEVANCE FORM RCF PICC ASD V CFCF HOUSING UNIT: D/-/ NAME: ROBERT TAYLOR INTAKE NUMBER: 1522 424 PID: 946529 Check box only if grievance is regarding Medical Services V Description of Grievance, Incident or Problem (Include date and time of incident) APRIL 17,2017 8:20Pm Deliberate Indifference To medical Needs TO 90 TO MEDICAL ON MORNING OF APRIL 18,2017 FOR ASHMA TREATMENT DUE TO SEVERE Shortness of Reeathe and Hyper ventilating -Asthma Attack, LAteronsamedate Awaited Response of sick call sequest I submitted Regarding this medical Problem of weeding my Breathing Inhaler UPON PRIOR SICK CALL WAS DIRECTED TO MEDS-LINE FOR AS + HMAH INHALER REN WENT to meds-Line and was sEnt Back To medical This Emergency medical need. As result of not having my medicine AM NOT Able TO TALK, WALK TO MUCH AND have BEEN Short of BREATHE FOR A WEEK TO DAte. And Am suffering unduely which can Result in FATALITY. In violation of my constitutional and statutory rights secured By The Eight And FourtEEnth Amendments Action Requested by Inmate: Respectfully request FOR IssueAnce of AIRUterolasthmA inhaler and any Further Appropriately needed medicine - So I can Breathe See: Continuation of Grievance - Page 2 YES No Describe how and when you tried to resolve this Grievance informally. Sick CAll Request on April 17 2017 And Before And discussed this with medical STAFF on APRIL 16+17,2017 Date that you are depositing this Grievance in a grievance box: 4-21-17

Signature of Grievant: Robult Duyler

Date: 4-21-17

| Adding St. 193   |
|--|
| PHILADELPHIA DEPARTMENT OF PRISONS   |
| INMATE GRIEVANCE FORM  |
| □ ASD  |
| NAME: ROBERTTAYLOR HOUSING UNIT: DI-1  |
| PID: 946 529 INTAKE NUMBER: 1522 426   |
| Check box only if grievance is regarding Medical Services V  |
| Description of Grievance, Incident or Problem  |
| (Include date and time of incident)  |
| April 21, 2017   |
|  |
| on/Around 10:00 Am   |
| MEDICAL DENIAL/DELIBERATE INDIFFERENCE   |
|  |
| GRIEVANT/ INMATE Went To medical FOR Emergency BREAthing   |
| TREATMENT FOR HIS ASTHMA AS GRIEVANT/INMATE HAS BEEN   |
| Without inhaler FOR DAYS. GRIEVANT I IMMATE WAS DENIED AND REFUSED   |
| TREATMENT BY TRIAGE MEDICAL STAFF REASON given WAS that weezing  |
| WAS NOT heard From his lungs And that sthe only way to receive Treatment   |
| WAS NOT NEARED FROM HIS Wings AND THAT'S WIE ONLY WAY TO RECEIVE TREATMENT   |
| AFter Being Repeatedly Told RY Grievant / In mate that His Lungs   |
| Were constricted and He could not Breathe But BARELY having short  |
| BREATHE GRIEVANT/INMATE WAS Told Nothing could be Down And That  |
| He was prescribed an INHALER A WEEK BEFORE, GRIEVANT / Inmate Told   |
| medical staff that that was a pifferent medicine which medical kept  |
| GRIEVANT/IMMATE DOES NOT have DRUSE DUE TO it making him sicker and  |
| having Allergic reaction of throat swelling NAUSEA and other complications   |
| GRIEVANT / IMMATE IS USUALLY ISSUED HIS ALBUTEROL MEDICINE BUT   |
| FOR some REASON NOW is Being REFUSED it. AS RESULT GRIEVANT/ Inmate  |
| is BEING PUT TO UNDUE SUFFERING IN VIOLATION of his constitutional   |
| And statutory Rights SECURED By the Eight and FovetEEnth Amendments  |
|  |
|  |
| Action Requested by Inmate:  |
| That GRIEVANT/ InmAtE Be given TREAtment And His proper  |
| MediciNE   |
| See: Continuation of Grievance – Page 2 YES No   |
| Describe how and when you tried to resolve this Grievance informally.  |
| Before this written whice on April 21,2017 Brought this To medical Staffs  |
| Attention as well as on April 17,2017  |
|  |
| Date that you are depositing this Grievance in a grievance box: APRIL 21, 2017   |
| City of City and City |
| Signature of Grievant: Rount Stuffer Date: Afril 21 2017   |

| Attachment 3.F.10.a  |
|--|
| PHILADELPHIA DEPARTMENT OF PRISONS   |
| , INMATE GRIEVANCE FORM  |
| □ ASD V CFCF □ DC □ HOC □ PICC □ RCF   |
| NAME: ROBERT TAYLOR HOUSING UNIT: DI-  |
| PID: 946529 INTAKE NUMBER: 1522426   |
| Check box only if grievance is regarding Medical Services [V   |
| Description of Grievance, Incident or Problem  |
| (Include date and time of incident)  |
| JUNE 25,2017   |
| on/AROUND Time 10:00 pm  |
| DENIAL OF MEDICAL ATTENTION  |
| GRIEVANT WAS BROUGHT IN CFOF MEDICAL UNIT FOR INJURY SUSTAINED IN  |
| FACIAL And EYES After Being spe AYED BY PRISON OFFICIALS with chemical   |
| component. Greenst was Blinded and in excenciating, PAIN, And hyperventilating   |
| As grievant had allergic reaction To chemicals. Grievant was refused   |
|  |
| TREAtment And peried TRANSport To the hospital. In violation of  |
| GRIEVANTS CONSTITUTIONAL AND STATUTORY Rights SecureD BY The   |
| Fighth and Fourteenth Amendments.  |
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|  |
| Action Requested by Inmate:  |
|  |
| FOR ANY ARISING And current medical issues of Grievant TO BE TAKEN TO NEAREST hospital or Anothel medical Institutional Facility For All his medical weeks and See: Continuation of Grievance - Page 2 YES \ NO \ \ \ ATTENDED NO \ \ \ \ \ \ ATTENDED TO MEDICAL. |
| See: Continuation of Grievance - Page 2 YES No D Attention by Reduction  |
| Describe how and when you tried to resolve this Grievance informally.  |
|  |
| BegAN FORMAL Direct resolve  |
|  |
| Date that you are depositing this Grievance in a grievance box: JUIY 7, 2017   |
|  |
| Signature of Grievant: Rout Tu Date: July 7,2017   |
|  |

#### VERIFICATION

IN COMPLIANCE PURSUANT TO 28 U.S.C. s 1746 – UNSWORN DECLARATIONS UNDER PENALTY OF PERJURY.

I verify that facts set forth are true and correct to the best of personal knowledge, information and belief. "I declare or verify under penalty of perjury that the foregoing document is true and correct."

Executed on

JULY 26, 2017 Robbit Taylor

DATE

ROBERT TAYLOR

#### CERTIFICATE

IN COMPLIANCE PURSUANT TO 28 U.S.C. s 1746 – UNSWORN DECLARATIONS UNDER PENALTY OF PERJURY.

I certify that facts set forth are true and correct to the best of personal knowledge, information and belief. "I declare or certify under penalty of perjury that the foregoing is true and correct.

Executed on

JULY 26, 2017 Robert Taylor

DATE

ROBERT TAYLOR

II.

**DOCUMENT 1 OF 3 - ORDER** 

#### THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

**ROBERT TAYLOR** 

Plaintiff/Petitioner

THE COMMONWEALTH OF PENNSYLVANIA THE COMMONWEALTH COURT (CJC)

AND

CASE NO. CIVIL ACTION NO.

COMMONWEALTH COURT (CJC) OFFICIAL JUDGE FRANK PALUMBO THE CITY OF PHILADELPHIA

AND

CITY OF PHILADELPHIA POLICE OFFICER OBRIEN NO. 7461 AND UNNAMED AND UNKNOWN CITY OF PHILADELPHIA POLICE **OFFICERS** THE PHILADELPHIA PRISON SYSTEM/ **DEPARTMENT OF PRISONS CURRAN-FROMHOLD** CORRECTIONAL FACILITY

AND

WARDEN GERALD MAY AND PRISON OFFICERS SERGEANT LEBESCO, C/O A. SMITH THE PHILADELPHIA SHERIFFS OFFICE THE PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION AND PUBLIC DEFENDER **CHRIS ANGELO** 

Defendant (s)

#### ORDER

IT IS ORDERED

Day Of **Month And Year** For relief sought also Preliminary and Permanent Injunction And Equity. Motion to Court is granted for the following:

#### ORDER

DOCUMENT 2 OF 3 - ORDER

- 1. Total damages, fees and costs in amount of 52,002,620 (Fifty Two Million Two Thousand Six Hundred Twenty Dollars)
- 2. Enjoin The Commonwealth, The City Of Philadelphia, The Philadelphia Police Department from arrest and threatened criminal prosecution for alleged probation in court where, as applied to Plaintiff/Petitioner in reliance on the fourth and fourteenth amendments, that such prosecution will result in a deprivation of Constitutional Rights
- 3. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from overcrowding, no 3 inmate or 4 inmate celling.
- 4. Enjoin The Philadelphia Prison System/Department of Prisons (CFCF) from mail restrictions, violations. The reading, inspecting of inmates incoming legal, Court mail, and to not open outside of inmate presence, no outgoing mail is to be opened, and no confiscation of legal or Court materials
- 5. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from unreasonable strip searches, and strip searches in plain view of other inmates.
- 6. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from female c/o pat-frisk body searches of male inmates, and otherwise c/o's not to search inmates of opposite gender.
- 7. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) from confiscation of property.
- 8. Enjoin The Philadelphia Prison System / Department Of Prisons, (CFCF) from corporal punishment, excessive lockdowns, and restrictions.
- 9. Enjoin The Philadelphia Prison System/Department Of Prisons, (CFCF) lengthy confinement.
- 10. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to increase amount of food tray servings.
- 11. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to provide and make affordable access to inmates that require special dietary.
- 12. Enjoin The Philadelphia Prison System/ Department Of Prisons, (CFCF) from prohibitions, threatened lock ins', and punishments to inmates of Islamic Faith for "Free Exercise" freedom of religious beliefs to worship and peaceful assemblage on housing block activity area.
- 13. Order For The Philadelphia Prison System/Department Of Prison, (CFCF) to maintain and enable regular Islamic religious services.
- 14. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to provide Islamic religious diet.
- 15. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to have Islamic chaplain.

#### **ORDER**

DOCUMENT 3 OF 3 - ORDER

- 16. Order For The Philadelphia Prison System / Department Of Prisons, (CFCF) to conduct proper classification.
- 17. Order For The Philadelphia Prison System/Department Of Prisons, (CFCF) to meet minimum medical care requirements.
- 18. Order For Philadelphia Prison System/Department Of Prisons, (CFCF) to be in full compliance of THE CONSTITUTION AND LAWS OF THE UNITED STATES or be shut down by THE UNITED STATES.
- 19. Enjoin The Philadelphia Police Department from enforcing unlawful arrest and seizure. Prescribed under stop, frisk or search and detention policy, practice, custom or usage.
- 20. Order to Enforce liens against defendants in absence of monetary compliance.
- 21. Enjoin Defendants from any retaliatory actions against Plaintiff/Petitioner for this action brought.
- 22. Retain jurisdiction over this matter to assure full compliance with the order of this court and with applicable law and require Defendant to file such reports as the Court deems necessary to evaluate compliance.
- 23. Grant writ of Habeas Corpus for immediate release, discharge of any Probational restraint or confinement.
- 24. Expungement, and exoneration of The Courts, Criminal Justice Departments, police or Law Enforcement, And Federal Agencies of all Records. Including File, Photographs, D.N.A., Fingerprints, Documents and reports.

|      |  | BY THE COURT |
|------|--|--------------|
|      |  |              |
| DATE |  |              |

### THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF PENNSYLVANIA

SUMMONS REQUEST: Summons In A Civil Action, Issuance, And Service; At Request of Plaintiff/Petitioner For service to be by someone specially appointed BY THE COURT. Under Rule 4(a)(1), (b), (c)(3). Of The Federal Rules Of Civil Procedure.

CERTIFIED COPY REQUEST: Plaintiff/Petitioner Requests a Stamped Dated Certified Copy Of This Filing To Be Returned To Plaintiff/Petitioner BY THE COURT. For This Plaintiff/Petitioner Has Sent An Additional Copy Of Filing.

JULY 26, 2017 DATE

ROBERT TAYLOR

Robert Taylor